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CLAIM	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	2 - 20* =		x \$	= \$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	2 - 3** =		x \$	= 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) 37 CFR 1.16(d))			+ \$	=
				BASIC FEE (37 CFR 1.16)	750.00
				Total of above Calculations =	750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.			TOTAL =	\$ 750.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to
Deposit Account No. 04-0100 :
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 750.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months
(not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☒ New Attorney Docket Number, if desired 1728/1F088-US2
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: Fee Transmittal, Declaration and Power of Attorney, Assignment Recorded in Patent Application
Serial No. 09/221,261, filed December 29, 1998 at Reel 010729 and Frame 0871 on April 24, 2000

NOTE:

The prior application's correspondence address will carry over to this CPA UNLESS
a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or Bar Code Label	or	<input type="checkbox"/>	New correspondence address below
Name	S. Peter Ludwig			
Address	Darby & Darby P.C. 805 Third Avenue			
City	New York	State	New York	Zip Code 10022
Country	U.S.A.	Telephone	212-527-7700	Fax 212-753-6237

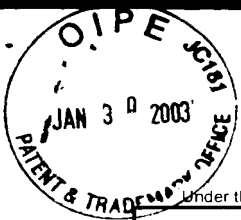
15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	S. Peter Ludwig
Signature	
Registration No. (Attorney Agent)	25,351
Date	

Express Mail Label No.

Dated: _____

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PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750.00

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Ick-Dong Yoo
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	1728/1F088-US2

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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number

Deposit Account Name

The Commissioner is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☐ Charge an additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
2	-20** =		0.00
Independent Claims	2	-3** =	0.00
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	400	2252	200	Extension for reply within second month	
1253	920	2253	460	Extension for reply within third month	
1254	1,440	2254	720	Extension for reply within fourth month	
1255	1,960	2255	980	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,280	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2810	370	For each additional invention to be examined (37 CFR 1.129(b))	
1801	740	2801	370	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)	1006			Basic Filing fee - Utility (CPA)	750.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 750.00

SUBMITTED BY

Name (Print/Type) S. Peter Ludwig

Registration No. Attorney Agent

25.351

Complete (if applicable)

Telephone (212) 527-7770

Signature

Date

1-30-03

Application No. (if known):

Attorney Docket No.: 1728/1F088-US2

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

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Box ~~600~~
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on 1 - 30 - 03
Date



Signature



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